

Preface

Healthy People is a national, state, and local prevention initiative that identifies ten year goals and opportunities to improve the health status of our people. Healthy People 2010 is the second comprehensive, community health goal-setting project conducted for Lincoln and Lancaster County.

In Lancaster County, and at the national level, Healthy People 2010 builds on strategies and lessons learned during previous decades. The first national health targets were published in 1979 in *Healthy People: the Surgeon General's Report on Health Promotion and Disease Prevention*. This set challenging goals: to reduce mortality among four different age groups – infants, children, adolescents and young adults, and adults – and to increase independence among older adults. These goals were supported by objectives with 1990 targets designed to drive action.

Healthy People 2000 expanded upon the first Surgeon General's report, seeking to create a strategic public health improvement approach helpful to local communities and health departments, as well as to federal and state governments. The three overarching goals of Healthy People 2000 were to increase years of healthy life, reduce disparities in health among different population groups, and achieve access to preventive health services. The national model for Healthy People 2000 objectives was replicated widely across the U.S. at the state level and in many localities, among them Lincoln and Lancaster County.

In January 1990, the Lincoln–Lancaster County Board of Health released *Healthy People 2000, Health Objectives for the Year 2000 for Lincoln and Lancaster County*. This document mirrored the framework of the federal level with one major exception: Lincoln and Lancaster County objectives included indicators for all areas of the environment affecting residents of the community.

The Board of Health and Health Department learned a number of very important lessons in the past decade while trying to promote the community's achievement of the Healthy People 2000 objectives. Some of these include:

1. A more dynamic and ongoing process is needed – one which responds and adjusts to changes in community needs and priorities, changes in the composition of the population, and changes in the health care system.
2. Sufficient resources must be allocated to assure that accurate, consistent data collection occurs. Many of the objectives established for the Year 2000 remained unmeasurable and therefore untrackable by the end of the decade, due to insufficient resources in this key infrastructure area.

3. Objectives must reflect the needs and will of the community to attract the community attention and effort needed to achieve them. Achieving even one of the target objectives involves community-wide planning, resources and effort.
4. Setting different targets for racial and ethnic minorities and other special populations in the hopes of achieving a narrowing of the gap in health disparities was not overly successful. A new and stronger emphasis on persistent health disparities is needed.

In light of the above, the process for Healthy People 2010 was designed with these lessons in mind.

Overarching Goals

The Board of Health and Community Steering Committee adopted two overall goals for Healthy People 2010: to eliminate health disparities and to increase the quality and years of healthy life for all residents of Lancaster County. These echo the national goals for 2010. Strong community participation and involvement was solicited at preliminary planning stages and throughout the Healthy People 2010 process.

More than four hundred individuals participated in various activities to define key issues, identify indicators and set target objectives for the year 2010. Measures were then refined, data collected, and a reporting strategy implemented which seeks to maximize community awareness and involvement over the coming decade. As work groups established objectives for each topic area and outlined key issues, they also identified relevant health disparities, infrastructure needs and recommendations for ways to make progress toward objectives, including the elimination of disparities, a reality.

Community Process

The development of objectives for Healthy People 2010 was designed to obtain broad community input. A Healthy People 2010 Community Steering Committee was established to help the Lincoln-Lancaster County Board of Health set direction and overall goals. The Community Steering Committee brings together community leaders interested in and knowledgeable about personal and community health, business, education, economic development, and environmental issues and concerns. Members include representatives from Community Health Partners, health care providers, Human Services Federation, Nebraska Department of Health and Human Services, Lincoln Public Schools, University of Nebraska, local business, Public Works, Natural Resource Districts, Nebraska Department of Environmental Quality, Hispanic Center, Malone Center, Asian Center, Indian Center, Catholic Social Services (refugee resettlement) and other representatives of racial and ethnic populations in the community. This very diverse group met to help establish the overall direction for the Healthy People 2010 process, to review and approve the plan for

community involvement and to review and comment on the initial drafts of the document.

The plan for community involvement was developed by topic area. Health Department staff responsible for each topic area identified key stakeholders. They also developed and implemented a process that obtained advice, recommendations, and input regarding issues, concerns and setting target objectives to reach by the year 2010. The goal was to identify *community* health objectives for the year 2010, not just objectives for the Lincoln–Lancaster County Board of Health and Health Department. At the end of this document, the Authors and Community Contributors chapter recognizes all the community members who assisted with this process.

An ambitious plan was developed to obtain input from the racial and ethnic minority communities. Given the overarching goal of eliminating disparities associated with race and ethnicity, it was critical to find a way to hear from these communities. Three feedback sessions were scheduled for minority community leaders. Information regarding different topic areas was presented and the discussion recorded and shared with all the work groups developing objectives. Nearly thirty community leaders attended and provided advice and recommendations regarding objectives, indicators and issues.

In order to obtain a broader range of information, focus groups were organized at each of the community centers (Asian, Hispanic, Indian and Malone). At the focus groups for the Asian and Hispanic communities, interpreters were present. In addition, two focus groups were held with people with disabilities. Over one hundred individuals participated in the focus groups. Summaries of all the information collected through the above means were shared with all work groups and are summarized in the chapter, Health Disparities.

Maintaining a Dynamic Process

Healthy People 2010 for Lancaster County has been designed as a ten year, dynamic community process, for which this document (published in January 2000) marks an important beginning. Bringing together stakeholders and setting objectives to achieve by the year 2010 was the first step. Actually achieving these targets and improving the health status for all residents of Lancaster County will require on-going cooperation, collaboration, creative partnerships and commitment from all sectors of the community.

Work is still needed to develop strong mechanisms for: (1) planning and sustaining community initiatives to achieve target objectives, (2) ongoing community monitoring of progress toward achieving objectives, and (3) data collection and maintenance of community health status information so that ongoing monitoring and planning can occur.

As a part of these processes, work is also needed to develop a clearer community vision concerning the connection between health

and the broader social and economic fabric of the community. How does community health status, health behavior, and a healthy environment relate to "quality of life" and visa-versa? What "upstream" causes need to be addressed in order to achieve our goals for a healthy community? Additional issue identification and objectives development is needed for Healthy People 2010 to effectively address these and similar questions.

Reporting and Assessment Infrastructure

To support this on-going effort, it will be necessary to routinely collect, analyze and report data about the health status of residents of Lancaster County. Routine monitoring of progress toward meeting the Healthy People 2010 objectives is a critical element for success. To increase access to the information, *Healthy People 2010* will also be released on the city's web site on January 28, 2000 (<http://interlinc.ci.lincoln.ne.us/city/health/index.htm>). During the next year, the Health Department will update the Healthy People 2010 report as new information becomes available.

Updates anticipated in 2000

- ♦ During the development of Year 2010 Objectives for Lincoln and Lancaster County, data on Nebraska objectives for the year 2010 was not available. The state will complete their planning process sometime in 2000. When that information is available, the tables displaying current data and objective comparisons will be updated.
- ♦ Updated data will be available from the 2000 Minority Behavior Risk Survey and the 2000 Adult Behavior Risk Survey, as well as Vital Statistics, Injury Surveillance, Youth Risk Behavior Survey and numerous other datasets on which new data is collected on a periodic basis. When analyses are completed, relevant data tables will be updated. New measurement strategies and data collection tools also need to be planned and implemented in order to measure objectives for which no current data exist.
- ♦ As a result of the extensive community involvement in this process, it became apparent that Mental Health is an area of significant concern. The Community Mental Health Center of Lancaster County has agreed to take the lead in developing objectives for the year 2010 for this area. When this chapter is completed, it will be posted on the website and available in print (estimated date: April/May 2000).
- ♦ A report summarizing and prioritizing the needed improvements in the public health infrastructure in the community will be issued by the Board of Health.

2001 and beyond

- ♦ The Health Department plans to provide regular health status progress reports on all indicators in Healthy People 2010. A reporting website will be established and updated at least annually.
- ♦ Expanding upon this, the Department plans to develop user friendly webpages with a myriad of health data about Lincoln and Lancaster County. This will make important health information available to all the individuals, groups and organizations who are working to achieve the Healthy People 2010 Objectives.

Organization of this Document

Each of the 21 chapters in this document (except Health Disparities) is organized into six sections: Indicators/Objectives for 2010, Health Implications, Current Status and Trends, Health Disparities, Public Health Infrastructure, and Recommendations.

Table 1 for each chapter is a list of the key health indicators related to that topic area. Data is provided regarding current status in Lancaster County, Nebraska and United States. The target objective for 2010 is also identified for local, state and nation. At this time, the target objectives for the state are not available, so this column has dashes in place of data. Some of the indicators are developmental. They represent objectives that are key to improving health status in that area but for which baseline data does not exist. One of the infrastructure issues that will be tackled in the next several years is developing mechanisms for obtaining this baseline data.

The Health Implications and Current Status Sections include brief discussions of the issues and concerns each topic area represents for Lancaster County. Existing disparities in health status are described in the Health Disparities section. Public Health Infrastructure is a brief description of key capacity issues for public health infrastructure. Finally, the Recommendation Sections include suggestions regarding how to begin to address the problems identified and launch needed efforts to reach the target objectives by the year 2010.

We invite all residents of Lincoln and Lancaster County to join together and make our community the healthiest in the nation.